

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No.....

Primary Registration District No.....

(No. 2645^E Lucas Ave 2)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence, No. 2645^E Lucas St. 21 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 4, 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

66

8

-11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

235

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mississippi 2

FATHER

13. NAME

Square Thelston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mississippi 5

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown 31

17. INFORMANT (ADDRESS)

Mrs. Jessie Langley 2645^E Lucas Ave 21

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Greenwood Jan. 18, 1937

19. UNDERTAKER (ADDRESS)

W. C. Gordon 2649-51 Delmar St. St. Louis

20. FILED

JAN 18 1937

J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

January 15, 1937

22. I HEREBY CERTIFY That I attended deceased from

Dec 19, 1936, to Jan 15, 1937.

I last saw him alive on Jan 15, 1937. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of uterus 1-1-36

Other contributory causes of importance:

Acute Bronchitis 1-10-37

Name of operation

What test confirmed diagnosis

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James T. Aldrich M. D.

(Address) St. Louis

